



## Personal Financial Summary

### PERSONAL DETAILS

|                     |   |                      |   |
|---------------------|---|----------------------|---|
| Full Name           | : | <input type="text"/> | Products Selected for Financial Assistance                                  |
| Contact Number      | : | <input type="text"/> | Credit Card / Ready Credit / Personal Loan                                  |
| Email Address       | : | <input type="text"/> | Please provide one of your account number below for identification purposes |
| Residential Address | : | <input type="text"/> | Account Number : <input type="text"/>                                       |
|                     |   |                      | Hardship Reason : <input type="text"/>                                      |

### INCOME DETAILS

|                                      |                      |  |                      |
|--------------------------------------|----------------------|--|----------------------|
| Employment Status / Source of Income | <input type="text"/> | Personal Monthly Income (After Tax)        | <input type="text"/> |
| Frequency                            | <input type="text"/> | Other Household Monthly Income (After Tax) | <input type="text"/> |

### EXPENSE DETAILS (PLEASE PROVIDE DETAILS OF YOUR TOTAL MONTHLY HOUSEHOLD EXPENSES)

| Type of Expense               | Monthly Expense      | Type of Expense                            | Monthly Expense      |
|-------------------------------|----------------------|--|----------------------|
| Mortgage / Investment         | <input type="text"/> | Food / Groceries                           | <input type="text"/> |
| Rent                          | <input type="text"/> | Utilities (Electricity, Gas, Water, Rates) | <input type="text"/> |
| Credit Card/s                 | <input type="text"/> | Mobile / Telephone / Internet              | <input type="text"/> |
| Personal Loan/s               | <input type="text"/> | Travel / Fuel                              | <input type="text"/> |
| Vehicle Loan/s                | <input type="text"/> | Medical Health / Fund                      | <input type="text"/> |
| School fees                   | <input type="text"/> | Insurance (Property, Content, Vehicle)     | <input type="text"/> |
| Entertainment / Subscriptions | <input type="text"/> | Body Corporate / Strata fees               | <input type="text"/> |
|                               |                      | Other Expenses                             | <input type="text"/> |
|                               |                      | <b>Total Expenses</b>                      | <input type="text"/> |



## ASSETS AND LIABILITIES - HOME LOANS AND INVESTMENTS

| Assets                | Status   | Amount Owning        | Total Value of Property |
|-----------------------|--|----------------------|-------------------------|
| Residential Property  | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/>    |
| Investment Properties | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/>    |

## INCOME AND EXPENSES SUMMARY

Surplus / Deficit

(Total Monthly Household Income less Total Expenses)

**ARRANGEMENT TO PAY** (If you are suffering financial difficulty and would like to propose a payment arrangement, please fill out the below. Otherwise, please leave blank.)

| Description        | Proposed Amount      | Frequency                        | First Payment Date   |
|--------------------|----------------------|----------------------------------|----------------------|
| Arrangement to Pay | <input type="text"/> | <input type="text"/>             | <input type="text"/> |
|                    |                      | (Weekly / Fortnightly / Monthly) | (DD/MM/YYYY)         |

**Additional Information:** Provide any information you would like us to take into consideration when reviewing this request.

**Important Information:** If you have been paying for credit card insurance, you may be eligible to make a claim with the insurer. Your credit card statement will indicate the name of the insurer you need to contact. A credit card insurance policy wouldn't preclude you from applying for financial hardship assistance if you still require it.

I declare that the particulars in this statement and accompanying documents are true and correct in every detail, disclosing income derived from all sources. I acknowledge that provision of false or misleading information could result in cancellation of any agreements and the initiation of legal action for debt recovery as can failure to make payments that are owing on any official arrangement. I consent to the use and collection of any sensitive information that has been disclosed in this form.

Customer's Name

Customer's Signature

Date (DD/MM/YYYY)

Please return completed form via online documents upload feature at: [https://www.citibank.com.au/aus/static/document\\_upload.htm](https://www.citibank.com.au/aus/static/document_upload.htm) or via email or mail.

| Teams                                      | Email Address  | Mailing Address               | Phone                          |
|--|--|-------------------------------|--------------------------------|
| Credit Card / Ready Credit / Personal Loan | <a href="mailto:DMS.AU@CITI.COM">DMS.AU@CITI.COM</a> | PO BOX 3453, Sydney, NSW 2001 | 1800 722 879 (9am to 9pm AEST) |

**If you hold a NAB branded product and require financial hardship assistance on that product, please contact NAB Customer Care on 1800 701 599 (8:00am-8:00pm Monday-Friday and 9:00am-1:00pm Saturday AEST).**

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Our/us/we means NAB unless the context requires otherwise.

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